

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

1.	FOR STATE REGISTRAR	ı	DEPARTMENT OF H	EALTH AND		IENE REG. NO	6.a O.		
	CEASED NAME FIRST	MIDDLE	ı	AST		20. DATE OF DEATH	HINOM	DAY YEAR	26. HOUR
(1177)	Bern	ard Ral	oh Bro	ughto	n		8 1	6 84	1:55Pm
3. SE	Х	4 RACE,	5 DATE C			6. AGE (IN YEARS LAST BIR	THOAY)	# UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
M	ale	Cauc.	MONTH 2	9 9	16	68	YRS.	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY?	- D NEVE	MARRIED -	9. BALTIMORE CITY O		OF DEATH	
	enna.	USA	WIDOWE	_	ONORCED	Calvert			MD.
1650	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL  (IF NOT IN SUCH FACILITY, C)  11906 Crown	, NURSING HOME C GIVE STREET ADDRESS) Dr.	OR OTHER IN	STITUTION	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST O <b>Belf-emplo</b>	F WORKING LI	FE) INDUSTRY	of Business or
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		OR TOWN	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS /	zip codi m Dr.	20754	
	ATHER'S NAME FIRST Robert	MIDDLE B1	roughton	15. MOTHE	FIRST Edith	ME	l II	Cla	ark
(	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C)	RMED FORCES? 166. SOC	-05-8827	17. INFORM		iacchio sam		item 1	3
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	rt 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO				INAL DISEASE OR CON	20b. IF YE	S. WERE FINDI	NGS USED
TIFIC						YES NO	1	FÝING CAUSES ES 🔲	OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED	EATH HOUR A.M. MOI	NTH DAY YEAR 19	211 LOCAT	ION	ED (ENTER NATURE OF INJU		PART T OR PART ?)	STATE
~	AT WORK NOT WHITE AT WORK		100		82	to Aug. 1	6	10 84	32
	220 1 certify that (1) (1005) 50 saw the deceased alive a above, (1) (3/6) align (did in	enal) attended the decease on Ang 6 nat) view the body after dea			y) <b>(500)</b> apinion (	death accurred on the de	,		that (I) (%e) last causes stated
	22b. SIGNATURE	SIGNATURE TRANSFORMER ATTENDING PHYSICIAN						8/16	SIGNED
					PHISICIAN	DIRECTOR PHYSIC	IAN [	0/ 10	/84
	22d. PHYSICIAN'S NAME (17PE Frank J. Tal	bot, M.D.		4273	ESS	Ave. Marlo			/84

DHMH - 16 50M 4/83

HOSPITAL

as the burial-transit permit.

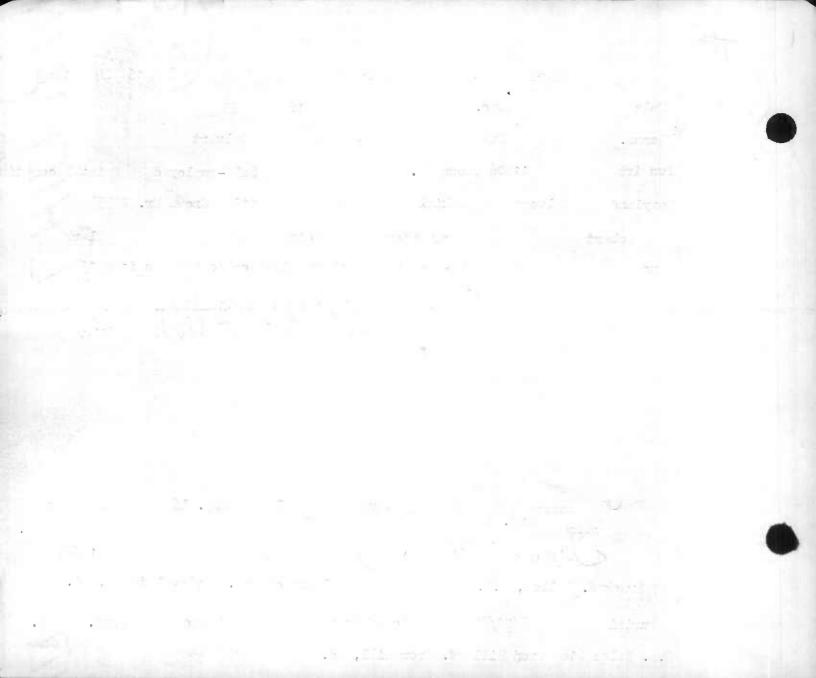
TO FUNERAL DIRECTOR After this certificate his should be detached for use as the burial-transit powith the State Dept of Health and Mental Hy

MPORTANT: If Item 21 is marked a

(VRA 15, 4)

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

AUG 2 1 1984 Landam-Mandal



	et creen.					
		4-0 .0				
	Doys William		Litzoni			
	E PALICE	1	Y Kupin ut	MARKET STATE	d . un	
Trajen.	CHILL.	V 113-7		SHIFT NAME	id (vi pri	
8,17			8-4-10-			
		The second				
		200				
- AY						
PLANT.						
				7,0,14		
	nito et 1010				10101	

	1	1	
	8		
	16	TR W	
	dec	11/0	
	of e	13 /4	
20	ors .	3000	
20	of A	22 2	į
Z	2 "	13 C	
2	with	15/2/	
ž	P P	1/1/	
ORE	Xecu	di ge	į
¥.	9	P. P. O.	
N N	o e	sicio per val.	
	rtific	ph)	
Z Z	h Ce	orbo or re or re	
EST	deof	ove c	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201	the .	the cruc	
_	hot	by ose ose of, cr	
, 20	20	phed n ple	
RDS	5	The The holy	
O U	N.	prio y	
1	he lo	hos ene	
	Z. T	ansi	
0	CIA	ol-tr ntal	
Z O	HYSI	Ne Ce	
SIS	G PI	the ond ked	
5	No	Se os solth	
	TEN	TOR of He	
	R A hosp	REC ped to	
	the o	e Doct	
	PITA	Stor Stor	
	HOS	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turning should be detached for use as the buriol-transit permit. Then please remave carbon papers. Page 17 and 1 though buriol transit permit. Then with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remaval.  MAPORIANT: If them 21 is marked or less 18 years any injury, or other traumotic event, the medical patients in the pour less than the course.	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Tage retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete internation should be detached for use as the burial-transit permit. Then please remave carban papers. Page Thard I mould be like with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. I MPORIANI: If them 21 is marked or the TELL OF THE PAGE O	

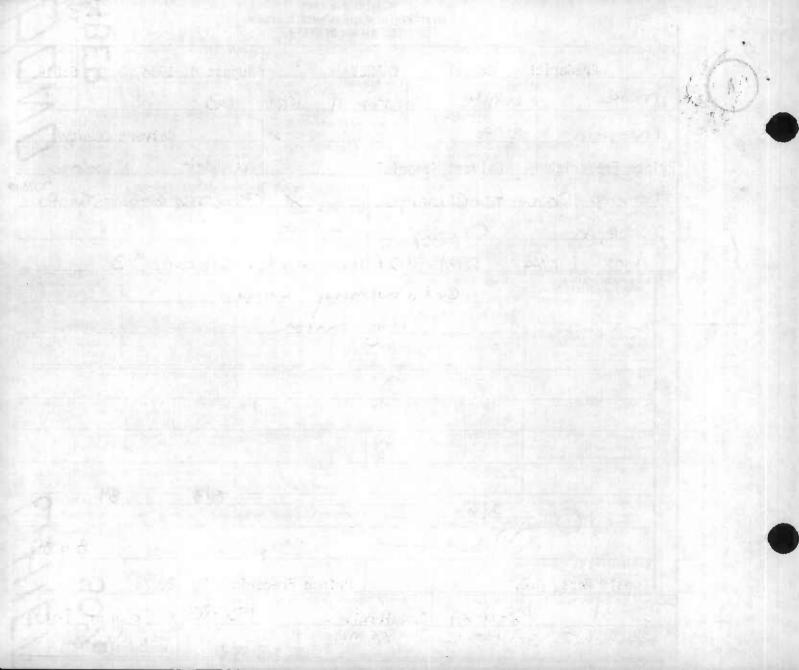
STATE OF MARYLAND	- 1
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

7	7
>	

1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO		05
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH		EAR 26. HOUR
1111	Frederick	Samuel_	CHANEY	August 8.	1984	6:01P M
3 SE	EX 4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER	
L	male	white	MONTH DAY YEAR	103	YRS.	DAYS HOURS MIN.
7a. B		CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OF	COUNTY OF DEA	TH
1	MOCHCIA	USA	WIDOWED DIVORCED		Calvert C	ounty MD.
10 0		1. NAME OF HOSPITAL, NURS	SING HOME OF OTHER INSTITUTION	12a USUAL OCCUPATIO	N 12b. K	IND OF BUSINESS OR
Pr	ince Frederick	Calvert Men	norial	CTYPE OF WORK FOR MOST OF		seldina
r USU	JAL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)			2013 6
130	NONACO COLL	1 0	OWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	CONP.	
14. F	ATHER'S NAME	Sect I DUNT	15 MOTHER'S MAIDEN NA		CS: OVE	
7 .	FIRST MI	IDDLE LAST	- Link	MIDDLE		LAST
160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE	QURITY NO. 17 INFORMANT	ADDRES	SS	
	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	THOU WENT	- 50.0	~ #13	
	NO INF	d 18130	TITT ITTO THOUGHT	e some	CO 13	PPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:			BET	WEEN ONSET AND DEATH
	IMMEDIATE	CAUSE (o)	10 pulmony an	11/2		
	11/2	DUE TO, OR AS A CONSEC			14 11	
	Canditions, if any, which gave rise to immediate	(b)	100 cancer		-	
	cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			
	underlying cause lost	( (c)				
7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR COND	ITION GIVEN IN PA	RT 1101
CERTIFICATION						
CA	198 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE I	USES OF DEATH?
				YES NO	YES [	NO 🗌
8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	NRT 2)
1 3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOV	VN COUN	NTY STATE
2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	-1		
		il) attended the deceased from	n	10 0/6	19	, that (1) we last
3	22a. I certify that (I) (this haspital saw the decearch alive an above (I) (we (did) (did not)	0194 19	, and that in (my) (aur) opinian	death accurred an the do	te and hour and tro	m the causes stated
	22b. SIGNATURE	view the bady after death.	DEGREE		224	DATE SIGNED
		VIV	ATTENDING	MEDICAL STAF		8-9-9-4
-	224 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	DIRECTOR PHYSIC	IMPI I	V . 0
				downak MD	20670	
0.7	Ronald Ross, M.		Prince Fred		20678	
730	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	1. MASTATE
-		8-11-84 3	Smithoule	DO TOTAL	- Calve	CINIT
24.	FUNERAL DIRECTOR FURS	Tal Home DORES	Wings MO	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SI	GNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

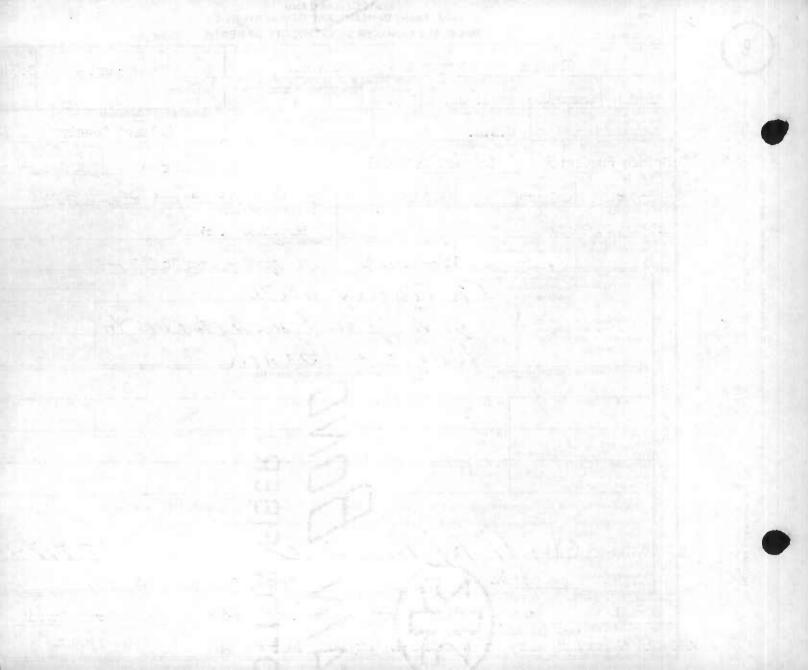
BP.



Pala 10-23-1015 100 A. L. Donaly care regal made exercises and exercises in the state of th Yes at the little of the control of The commendation to the same of the contract o

Charles and the second state of the second state of the second second second second second second second second

1/ 10	FOR			STA DEPARTMENT OF		AARYLAND	HYGIENE	2.1	1 8 3	
180	- STATE REGISTRAR		ME	DICAL EXAMI				REG. NO.		
$\alpha$ (B)	1. DECEASED NA	ME FIRST		WIDDLE		LAST		TE KNOWN V MO	INTH DAY YEAR	26. HOUR
200 8 E	(TYPE OR PRINT)	Blanc	he M	largaret	GI	REENAWALT	DEA		gust 8 19 84	3:00
PEETO FCTO HOUR STREE	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN)	YEARS IF UI	NDER 1 YR. IF UND	ER 24 HRS. 2c. D	ATE MO	NTH DAY YEAR	2d HOUR
	Female			22,1926 57	YRS.		D	EAD	19	M
ECESSARY FOR YOU WITHIN 72	70 BIRTHPLACE FOREIGN COUNTI	RYI	76 CITIZEN OF W	HAT COUNTRY?		IEDENEVER MA	RRIED 🔲	TIMORE CITY OR CO		
2 4 41 2	Massach		U.S.A.	SPITAL, NURSING HOA			RCED	Calvert CUPATION (TYPE OF W	County	MD
FLAV IS TO THE IS TO THE IS SO THE	Prince	Frederick	Calv	ert Memori	a1	TER INSTITUTION	FOR MOST OF	working life!  Worker	OR INDUST	RY
POSSES	USUAL RESIDEN	CE (IF IN NURSING HOME O		13c. CITY OR TOWN	SION	113d. INSIDE CITY LIMITS				
REAR AND SECOND	Marylan	d Calve		Dunkirk		YES NO	□ 311 As	shwood Dri	ve (20754)	
M H H	14. FATHER'S NA		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	WIDDLE	LAST	
A SEST OF		J. Ridar SED EVER IN U.S. AR	USD SONSESS	16b. SOCIAL SECUR	ITV NO	Beatr 17. INFORMANT	rice H. Mo	ADDRESS		
TIM THE SECOND IN	(YES, NO, OR UN		WAR OR DATES)							
BALTIM RS AFTER GIVE PA WITH FOR DIVISION	NO CAUSE	OS DEATH (F-A	L	160-24-73	391	LuAnn Br	own - Sar	ne As #13.	A-E	E INTERVAL
7 - 3 10 - 5	PARTI	DEATH WAS CAUSE	D BY:	for (a), (b), and (c).)		chi.	7/		BETWEEN ONSE	T AND DEATH
TO 24 PER CONTRACTOR		IMMEDIA	TE CAUSE (a)	R AS A CONSEQUENCE	OF	any	1			
PRES THIN SIL IN NER A NEW REAM		tions, if ony, which		undo.	n x	ead n	11 BVZ	Vicio ?	6	
W. WENG	cause	(o) stating the under-		AS A CONSEQUENCE	OF	11		, ,		
2 SAN SAL	lying	cause iasi.	(c)	Uller 5	K	1210	ren			
ITAL RECORDS, 201 W. PRESTON STANDING THOULD BE EXECUTED WITHIN 24 HOUSE MEDICAL EXAMINER ALONG USE AS A BURIAL. TRANSIT PERM OF HEALTH AND MENTAL HYGIENE.		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	OUT NOT DELETED O THE TE	BMINAL DISEA	E DB CONDITION GIVEN II	PAST 1 (o).			
L REAL	NO DATE	OF OPERATION	196 COND	ITION FOR WHICH OP	ERATION V	VAS PERFORMED?			20 AUTOPSY	?
SHOULD WORD "PE CHIEF A LOSE A	I I								YES 🗌	NO 🗆
DIVISION OF VITAL RECORDS, 201 W. PRESTON STATES CERTIFICATE SHOULD BE EXECUTED WITHIN 24 WARDED TO THE CHIEF MEDICAL EXAMINER ALONG PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMITATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.		NAL CAUSE WAS NG OR JTING CAUSE OF	216 TIME O HOUR A.A	M. MONTH DAY YE		OW INJURY OCCUI	RED LENTER HATURE	OF INJURY IN ITEM 18 PART 1	OR PART 2]	
VISIC CERTI TING TING 3 SH DEPA	21d INJUR	YOCCURRED	21e PLACE	OF INJURY (AT HOME,		CATION STREET	CITY O	RIOWN	COUNTY	STATE
DIN THIS C WARDI WARDI PAGE: TATE 21201	AT WORK	NOT WHILE [			350					
報告に発売の	22a. l c	ertify that I took charg	ge of the remains de	scribed abave, held an	Auta	osy , Inspec	tian . Inqu	ury , and in r	ny opinion	
MIN MIN WENT WATER THE PER PER PER PER PER PER PER PER PER PE	death res	ulted from: Natu	ral causes,	Accident,	Svicide	, Homicide	. Un determine	d monner .		
EX MARK	ACTUAL	6711	. 11	ART.		TITLE (SPECIFY)		D	ATE TIT	ton
EST SE	SIGNATU	RE - M	18	Alow	1	10	MEDICAL E	XAMINER S	IGNEDO / O /	7
TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO TO FUNETAL DIRECTO AFTER DEATH WITH THE	EXAMINE (TYPE OR I	PRINT)Emac	A1-Banna			ADDRESS Pri			20678	
	230. BURIAL, CRE/		236 DATE	, 1984 Gree			23d. LOCATIC	Township,	COUNTY ST	TATE
BP	24 FUNERAL DI	RECTOR TAR FI	meral Ho	me. Inc.		25a. DA	TE REC'D. BY REGIS	TRAP 1256 REGISTRA	R'S SIGNATURE	ппд
DHMH - 17 (VR A15 ME (566)	33 old Al	exander Fe	erry Road	, Clinton,	Mary!	land AUG	1 0 1984	Julia Devids	on-Mandale	
20M 4/B2						7.7	1001			



8/29/84 - 6:50 P.M.O DEPARTMENT OF HEALTH AND MENTAL HYGIENE Dr. Albana notified of the - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. diagnoses. 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) HAYS August 29, 1984 12:55A. James Carroll 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR August 24, 1894 Male Caucasian MIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED TYNEVER MARRIED Maryland Calvert IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Calvert Memorial Hospital Prince Frederick Optician Optica] 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Prince George's Upper Marlborosx 8505 James Street (20772) 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John H. Hays Lulu Hoericks 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 577-03-4399 James Hays, Same As #13 A-E 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY U 24 HR. Conditions, if any, which gave rise to immediate cause (a), stating seudomones CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART, FIG. Dleus 3 Fracture Neck femuza 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 210. ACCIDENT WAS UNDERLYING HE. HOW INJURY OF CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e. PLATE OF INJURY 211. POCATION NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) apinion death occurred a our and fram the causes stated above, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE PHYSICIAN A BIRECTOR | PHYSICIAN 22e ADDRESS 274 PHESICIAN'S NAME (TYPE OF PRINT 7. P. SHBH Prince Frederick, Maryland 20678 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Burial September 1, 1984 Cedar Hill Cemetery Suitland, Maryland 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 50M 4/83 (VRA 15.4) 663 Old Alexander Ferry Road, Clinton, Maryland

STATE OF MARYLAND

MENDER GRAPTS E. S. XXX - MAN GOVERNMENT ENMANDED 

to the .1 .mr. other comments Manhangers Di. v.S.a. Total ave the world Ald xol x | Smale Lacore traveled frebrish me S77-2-000 Evelyn Slone Lee to v 13. . In drawing bundar account finals second 400/ 11 -304 rapend

The state of the contract tool with the state of the stat

in Day

and 2

5	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
be eoth	1. DECEASED NAME FIRST (TYPE OR PRINT)	NNE M.	MARTONE	20. DATE OF DEATH MONTH DAY	1
1	3. SEX FEMALE	1. RACE White	S. DATE OF BIRTH  March  DAY  YEAR  1907	6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER MONTHS  YRS.	
Of the season of	70. BIRTHPLACE (STATE OR FOREIGN SCOUNTS)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEA	×
+ = 0	IR CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OF OTHER INSTITUTION	12a LISTIAL OCCUPATION 12b I	ī

198

DAYS HOURS TH KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Calvert Nursing Center House wife rince Frederick USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN Rt.4 Prince Frederick 13d INSIDE CITY LIMITS? Calvert Prince Frederick MAryland 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Elizabeth MIDDLE Lang Smirk Thomas RTDDZSBox 260 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17. INFORMANT (YES. NO OR UNKNOWN) HEYES, GIVE WAR OR DATEST 220-12-4037 NO Marlene P. Martone Machanicsville Md. 20659 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cous PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditions, if any, which immediate stating couse lol, DUE TO, OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 211 LOCATION 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital sow the deceased alive on d that in (my) (aur) apinian death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view DEGREE 22c. DAT ATTENDING & MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

Metropolitan Cremato

23d LOCATION CITY OF TOWN lexandria,

COUNTY

REGISTRAR 256, REGISTRAR'S SIGNATURE

STATE

Va.

2b. HOUR

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

this certificate has and Mental Hygiene

FUNERAL DIRECTOR:

0

morked or Item 18

MPORTANT: If Item 21

23a BURIAL,

Cremation

24 FUNERAL DIRECTOR DOALGE V. Borgwardt Port Republic

with the Stote Dept.

And the latest of the latest o

1620-1

L.V Analogo

e7 in mars. on an inflament described indicators and

definite facility of an electric sender from beefgen.

prailing steement with the ease

Received as live of managers of the relation of the second second

A FRANK LINE

alabeliant Language of the lan

he idea of the

opics. Bit of durant from Judge 128 .V hise

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPA	ARTMENT OF H	EALTH AND			<b>E</b> G. NO.	-199	0
		CEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF DEA		DAY YEAR	2b. HOUR
	(ITPE	OR PRINT)	Frank	lin	Р.	MCADAMS	S. SR.		Au	aust 8.	1984	5:00Am
	3. SEX	X		RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS I		IF UNDER 1 YEAR	R IF UNDER 24 HRS
-	N	Male		White		June	4 DAY	1920	64	YRS	MONTHS DAYS	HOURS MIN.
1	7a. 81	RTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNT	RY? 8.	- LX MEVED		9 BALTIMORE		TY OF DEATH	
		w York		U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED			Calver	MD.		
7	Pri	nce Freder	rick	Calver	t Memor	rial Hos		NOITUTITE	120 USUAL OCC (TYPE OF WORK FOR Gardener	MOST OF WORKING	LIFE) INDUSTRY	of Business or itenance
5	13a S	AL RESIDENCE (# NURS STATE Tyland	13b COUNT	other institution iy ert	Solom	TOWN ONS	13d. INSIDE	NO Z	Soundir	RESS / ZIP CO	DE 1, Md. 2	20688
9		THER'S NAME Jnknown	N	IDDLE	LAST		15 MOTHER Unkr	S MAIDEN NA FIRST NOWN		DDLE	LA	AST
,		VAS DECEASED EVER		NED FORCES?		ECURITY NO.	17 INFORM	ANT	-	ADDRESS		
	()	NO OR UNKNOWN)	(IF TES, GIVE	- WAR OR DATES]	212-24	-4082	Dorot	thy N. 1	McAdams -	same a	as 13	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause late, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE							MINAL DISEASE OR	? 20b. IF Y	ES, WERE FIND	INGS USED
2	RTIFIC								YES NO		TIFYING CAUSE YES []	S OF DEATH?
	MEDICAL CE	216. ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	Ρ.	M. MONTH M.	DAY YEAR			RED (ENTER NATURE (	OF INJURY IN ITEM I	8. PART I OR PART 2)	
	MED	21d. INJURY OCCUR	ILE 🗀	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATI		car LL &	ORTOWN	COUNTY	STATE
		22a. I certify that (1) (this haspital) attended the deceased from								our and from the	, that (I) (we) last e causes stated	
		22h SIGNATURE	ozd	au	·			ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	22ε. DAT	E SIGNED
		22d PHYSICIAN'S NA Kiourman			M.D.		22e ADDRE		wn, Maryl	and 2	20639	
	23a 8	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C			23d LOCATION	4		
	C	remation		8/9/81	+	Cedar H	ill		Suitle	and Pri	nce Geor	rges Md.
	24 FI	INFRAL DIRECTOR						25a DAT	E REC'D BY REGIS	TRAPPIS PEOL	PTDAD'S SICHO	Trist. 6/9

Rausch Funeral Home, P.O. Box 45, Owings, Md. 2073616 13

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

O FUNERAL DIRECTOR:

should be detached far use as the burial-transit permit. Then please remave corbanpape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval

IMPOSTANT If hem 21 is marked or Item

	1000		-36		CERTIFICATION OF THE PROPERTY
ACTOR VALUE THAT IS	Model I				bunferra
fine the Land			12 te 10+1		
			Pin	Av	
Description of the second	Bright, Number	1		. T. I was also	
Action (seeds and	1329C				
		encertain	na five till ski	geno. fa	

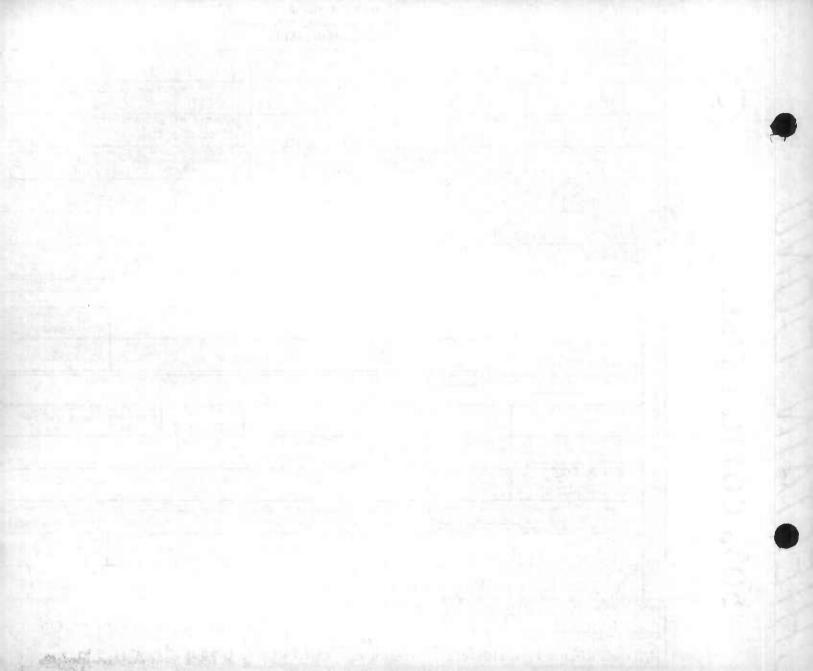
FOR STATE				NT OF HE	ALTH A	ND MEN		**		2 1	9 7	1
			MIDDLE	AMINE	LAST	ſ	TE OF DE	2a. DATE	KNOWN ESTI-	MON	TH DAY YE	AR 2b. HOUR
	4 RACE	S. DATE OF BIRTH	6.		IF UNDER	R I YR. IF		S. 2t. DA	TE JNCED	8.	-26- 19 E	12:5b
RTHPLACE (5)	White			70 YRS.	MARRIED	□ NEVER	MARRIED	9 BALT		Y OR CO	UNTY OF DEAT	M M
Illino					VIDOWED		DIVORCED [		Calve	ert	I 12h KIND O	MD.
ince Fr	rederick	Calver	t Memor	rial		11431110110	F	OR MOST OF W	ORKING HEET		OR IND	
TATE Md.			13c. CITY OF	TOWN	13d		IMITS? 13e S	TREET ADD	RESS FO			
ATHER'S NAME FIRST Geo		Middle E.			15.	FIRST			WIDDLE		Moss	
WAS DECEASE	DEVER IN U.S. AR							elan				
gave ri cause (a lying cau	ns, if ony, which se to immediate stating the <u>under-</u> use last.	DUE TO, OR  (b)  DUE TO, OR  (c)  CONTRIBUTING TO DEATH	AS A CONSEI	OUENCE OF  OUT TO THE TERMINA				ZH CCUS	di	Tack	Charle 20 AUTOR	DCA3
UNDERLYING	OR	HOUR A.M	MONTH D		21c HOW	INJURY O	CCURRED (EN	TER NATURE OF	INJURY IN ITEA	A 18 PART 1 O	YES [	
21d INJURY C	OCCURRED	21e PLACE	OF INJURY (	AT HOME,			1 28	CITY OR	IOWN	T	COUNTY	STATE
deoth result	ed from: Notu		Accident C	7	Autopsy de .	Hamicide	CIFY)	determined	manner [	]. DA	TE 8/2	684
The same of the sa	TATE OTHER SI  PART 2 OTHER SI  PART 3 OTHER SI  PART 4 OTHER SI  PART 4 OTHER SI  PART 5 OTHER SI  PART 6 OTHER SI  PART 7 OTHER SI  PART 8 OTHER SI  PART 1 OTHER SI  PART 1 OTHER SI  PART 2 OTHER SI  PART 2 OTHER SI  PART 2 OTHER SI  PART 3 OTHER SI  PART 3 OTHER SI  PART 4 OTHER SI  PART 4 OTHER SI  PART 5 OTHER SI  PART 5 OTHER SI  PART 6 OTHER SI  PART 7 OTHER SI  PART 7 OTHER SI  PART 8 OTHER SI  PART 8 OTHER SI  PART 9 OTHER SI  PART 9 OTHER SI  PART 1 OTHER SI  PART 2 OTHER SI  PART 2 OTHER SI  PART 3 OTHER SI  PART 3 OTHER SI  PART 3 OTHER SI  PART 4 OTHER SI  PART 5 OTHER SI  PART 5 OTHER SI  PART 5 OTHER SI  PART 6 OTHER SI  PART 7 OTHER SI  PART 7 OTHER SI  PART 7 OTHER SI  PART 8 OTHER SI  PART 1 OTHER SI  PART 1 OTHER SI  PART 2 OTHER SI  PART 2 OTHER SI  PART 3 OTHER SI  PART 3 OTHER SI  PART 4 OTHER SI  PART 4 OTHER SI  PART 5 OTHER SI  PART 5 OTHER SI  PART 5 OTHER SI  PART 6 OTHER SI  PART 7 OTHER SI  PART 7 OTHER SI  PART 7 OTHER SI  PART 8 OTHER SI  PART 1 OTHER SI  PART 1 OTHER SI  PART 1 OTHER SI  PART 2 OTHER SI  PART 2 OTHER SI  PART 3 OTHER SI  PART 3 OTHER SI  PART 4 OTHER SI  PART 4 OTHER SI  PART 5 OTHER SI  PART 5 OTHER SI  PART 5 OTHER SI  PART 6 OTHER SI  PART 7 O	Wilhelm  4 RACE White RTHPLACE (STATE OR REIGN COUNTRY)  CILINOIS  TY OR TOWN OF DEATH  INCE Frederick  LI RESIDENCE (IF IN NURSING HOME OF TATE  WAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN)  18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS  190. DATE OF OPERATION  210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF 216 INJURY OCCURRED WHILE OF OPERATION  210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216 INJURY OCCURRED WHILE OF OPERATION  217 CETTER SIGNIFICANT CONDITIONS  218 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 INJURY OCCURRED WHILE OF OPERATION  219 CETTER SIGNIFICANT CONDITIONS  210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 INJURY OCCURRED WHILE OF OPERATION  210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 INJURY OCCURRED WHILE OF OPERATION  ACTUAL SIGNATURE NOT WHILE AT WORK  ACTUAL SIGNATURE	Wilhelmina  A RACE  Wilhelmina  A RACE  White  White  A PACE  White  White  A PACE  White  White  White  White  White  White  A PACE  White  W	Wilhelmina Rose  4 RACE   S. DATE OF BIRTH MONTH DAY YEAR OF LITTLE WILLIAM ON THE DAY YEAR OF LITTLE WHILE   STATE OR REGNICOUNTRY    10 COUNTRY   U.S.A.  11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE    10 COUNTY   S. C. CITY    11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE    12 COUNTY   S. C.	DEPARTMENT OF HE MEDICAL EXAMINE  Wilhelmina Rose  Vilhelmina Ville Rose  Vilhelmina Rose	DEPARTMENT OF HEALTH A MEDICAL EXAMINER'S CEI  FREST  Wilhelmina  Rose  Wilhelmina  Rose  Wilhelmina  Rose  Wilhelmina  Rose  VALUE (STATE OR ROSH)  White  6-14-1914  70 YRS  Wilhelmina  White  6-14-1914  70 YRS  Wilhelmina  Rose  Wilhelmina  Wil	Wilhelmina Rose  Wilhelmina Rose  Wilhelmina Rose  ARACE S. DATE OF BIRTH LAST MEMORIAN MONTHS DATS IN TO YEAR OF DATE OF THE LAST METHODAY MONTHS DATS IN TO YEAR OF DATE OF THE LAST METHODAY MONTHS DATS IN TO YEAR OF DATE OF THE LAST METHODAY MONTHS DATS IN TO YEAR OF DATE OF THE LAST METHODAY MONTHS DATS IN TO YEAR OF DATE OF THE LAST METHODAY MONTHS DATS IN TO YEAR OF DATE OF THE LAST METHODAY MONTHS DATS IN TO YEAR OF DATE OF THE LAST METHODAY MONTHS DATS IN TO YEAR OF DATE OF THE MEMORIAN MONTHS DATS IN TO YEAR OF DATE OF THE MEMORIAN MONTHS DATS IN TO YEAR OF DATE OF THE MEMORIAN MONTHS DAY YEAR DUE TO, OR AS A CONSEQUENCE OF	DEPARTMENT OF HEALTH AND MENTAL HYGIN MEDICAL EXAMINER'S CERTIFICATE OF DIA  MEDICAL EXAMINER'S CERTIFICATE OF DIA  MODIE  LAST  Wilhelmina  ROSE    4 RACE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  WITHOUT AND	DEPARTMENT OF HEALTH AND MENTAL HYGIÈME  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG  REASED NAME  **BST  WITHING ROSE  **RECE   S.D.ATE OF BIRTH  WITHING ROSE   S.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTAN  MODICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTAN  NEWMAN  NEWMAN  NEWMAN  NEWMAN  NEWMAN  NEWMAN  NEWMAN  NEWMAN  NEW INDEE 24 MS. 3/4 DATE MOOR POOL OF DEATH  NEW INDEE 24 MS. 3/4 DATE MOOR POOL ON DEAD  REPRIACE (17410 B)  NEW INDEE 24 MS. 3/4 DATE MOOR POOL ON DEAD  REPRIACE (17410 B)  NEW INDEE 24 MS. 3/4 DATE MOOR POOL ON DEAD  REPRIACE (17410 B)  NEW INDEE 24 MS. 3/4 DATE MOOR POOL ON DEAD  REPRIACE (17410 B)  NEW INDEE 24 MS. 3/4 DATE MOOR POOL ON DEAD  NEW PRODUCTION  IN AMERICAL NEW INDEES HOUSE ADMASS HOUSE ADM	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH OF THE MAINTENANCE OF THE MAINTENAN

.010 .01 And the state of the street of the The Market

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT) ESTI-Victor NMN PRESA JR. DEATH MATED 19 84 4. RACE & AGE (IN YEARS IF UNDER 24 HRS 3 SEX DATE OF BIRTH DATE LAST BIRTHDAY WITHIN 72 H PRONOUNCED DEAD Male July 15 1915 Caucasian 69YRS 19 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Calvert WIDOWED [ DIVORCED USA. Kansas 12a. USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY Calvert Memorial Prince Frederick Steel worker US Steel HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Penna. 989 Thompson Avenue Washington Co Donora NO X DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST MIDDLE FIRST Victor R Presa Fernandez Evelyn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Penna. IYES, NO. OR UNKNOWNI Yes WW II 192 01 3505 Ramona A. Presa-989 Thompson Ave, Donora 18. CAUSE OF DEATH (Enter only one cause per line for (a A BURIAL - TRANSII TENETH H AND MENTAL HYGIENE, E \*\*ATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO lying cause last CREMATION, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ED AS A HEALTH CERTIFICATION FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED I THE STATE DEPARTMENT OF HE AND. 21201 PRIØR TO BURIAL ( 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? YES -21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted fram Hamicide Undetermined manner Natural causes TITLE (SPECIFY) EXAMINER'S NAME Emad AT-Banna, M.D. Prince Frederick, MD 20678 TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL Carroll Township, Penna. Burial Aug. 29 Sacred Heart Cemetery 24 FUNERAL DIRECTOR Ives-Pearson F. Homes, Arlington, Va. 2220 DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

ALLE TO THE LAND ARE I STOLE AND A STOLE A



	١,٠	FOR		TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 4 2	1 7 7 4
-	1 -	STATE REGISTRAR	CEI	RTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3	TITPE	Archie	2 Leon -	Trott	Hugust 1	5 1984 5:00 Am
moy pa	3. SE.	1		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		mak	white &	YEAR ON OR	82 YRS	DATE NOOES MIN.
Pose		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
de ath.		Ma.		OWED DIVORCED	Calvert	MD.
	10 C	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES</li> </ol>		12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
oo to the souler		ince Frederick	Calvert Memoria	1 Hospital	occountant	orivate co.
212 hour		AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	\$13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
24 ND			vert Huntinato	WY YES NO	SR. BOX 37A	LOWY ROad
祖 能 初	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
WA BE CATO		William Ho	amilton Trott	Cora	$\epsilon$	L <sub>X</sub> ONS
SRE,		VAS DECEASED EVER IN U.S. AR	JE WAR OR DATEST		ADDRESS	
TIMO		NO -	_ 219-20-83	49 Mary L. Tro	It some as	
BALT are to spers val.		18 CAUSE OF DEATH LEnter on	nly one cause per lige for (a), (b), and (c)		111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Third of the physical of the p		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE 10) Ventri	cuar Tib	rillation	minutes
on the control of the			DUE TO, OR AS A CONSEQUENCE	QF .	0.	
deat death		Conditions, if ony, which	1 1b) A Therosc	JErogic Colo.	nary disease	1074401
the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF		
on W. PRESTON that the death cr d by the attendin lease remove carb ial, cremation, ar		underlying couse lost	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 carefully provided by the detending physician and cambients follows the thin central provided by the attending physician and cambients follows the burial transfer of the second transfer price to burial, cremation, ar remayal.	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	EIVEN IN PART Tra
	CERTIFICATION	19s. DATE OF OPERATION	1% CONDITION FOR WHICH OPER	ATION WAS PERFORMED		ES, WERE FINDINGS USED TIPYING CAUSES OF DEATH?
26 241 19	Ĕ					YES NO
Z 2 2 2 2 2 2 2 7	18	21s. ACCIDENT WAS UNDERLYING	T CONTROL OF ALL MARKETEES PRODUCT IN	'EAR 21¢ HOW INJURY OCCUR	RRED TENTER MATURE OF HOURS IN ITEM I	E PART I DR PART 21
0 0 10117	3	DECONTRIBUTING CAUSE OF DEA	With The Party of	19		
NO SEPTIMENT	MEDICAL	214. INJURY OCCURRED	21s. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, 61	211. LOCATION	CITY OR TOWN	COUNTY STATE
IVIS office of the party of the	5	WHILE DISCONSESS OF STREET				
O O O O O O O O O O O O O O O O O O O			ital) attended the deceased from 2	75 19 84	10_8-14	19 that (1) (W) last
E & C & 5 7		say the deceased alive on obove, (V (we) (but) (did no	of) view the body after death.		death occurred on the date and h	Control of the Contro
S S S S S S S S S S S S S S S S S S S		226 SIGNAYURE	16. 1001	DEGREE	MEDICAL STAFF	THE DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		( lovet )	sem my	PHYSICIAN	DEFINECTOR PHYSICIAN	8-10-87
HOSPITAL med by th FUNERAL vid be deric ORTANT.	1	THE PHYSICIAN'S NAME (I'M		27+ ADDRESS		
O HOSPITA Holined by TO FUNERA Hould be de		Craig Jeschké	The state of the s		Maryland 20736	
21111		BURIAL CREMATION, REMOVAL	a late to the same	OF CEMETERY OR CREMATORY	234 LOCATION CIT OF TOWN	county at any
BP		burial	18/18/84 Mire		Huntingtown	calvert Ma.
DHMH - 16 50M 4/83	74.F	UNERAL DIRECTOR	ADDESS . G	20736 7007	TE REC'D. BY REGISTRAN 251 REG	dandelle .
(VRA 15, 4)	Ra	usch Funeral	Home own	EMa. AUG	30 1904 June	1

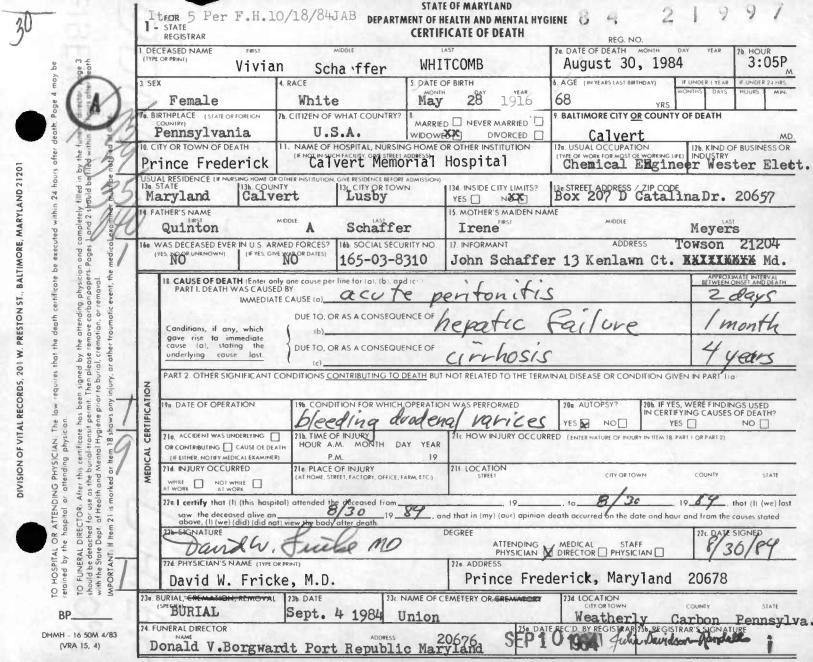
Compared the second of the second sec SOLET HER LOSSES AND THE RESIDENCE OF Commission to the contract of the land of the The standard of the standard o Make the second state of the second s

		_	REGISTRAR			CERTIFICATE OF I		REG. NO		
m.£	- 1		OR PRINT)	IRST.	MIDDLE	LAST	2	a. DATE OF DEATH	AONTH DAY YEA	26. HOUR
20.0	1	0.65		llian	Marie	VANWINK  15. DATE OF BIRTH		August 10.	1984	8:10 p
6	1	3. SE	Female	4. RACE Whit	е	September 2	m / m - 1	69		AYS HOURS MIN
X.	W/2	(	RTHPLACE (STATE OR FORE TOUNTRY)  ntana	IGN 76. CITIZEN	U.S.A.	8. MARRIED X NEVER. WIDOWED D	MARRIED . 9.	Calvert C		H ~
by the triled with	969		ty or town of DEATH	(IF NOT IN	SUCH FACILITY, GIVE STREET	GHOMEOROTHERINS ADDRESS) Al Hospital		USUAL OCCUPATION  TYPE OF WORK FOR MOST OF  CLerk	N 126. KIN	ND OF BUSINESS C TRY
24 hour filled in a	35	USU/ 130. S	AL RESIDENCE HENURSING	HOME OR OTHER INSTITUT L. COUNTY alvert	13c. CITY OR TOW Lusby	ADMISSION) N 13d INSIDE ( YES	NO K	e STREET ADDRESS /	ZIP CODE len Westwa	y 20657
mpletely ond 2 sh	- Amine	14. FA	THER'S NAME	MIDDLE J.	Spanie		S MAIDEN NAME		Hawki	LAST
	medicol	16a V	VAS DECEASED EVER IN (	U.S. ARMED FORCE FYES, GIVE WAR OR DATE:		71 Diane	Bacon V	mes Street	S	THE R
	oth		cause (a), stating		, OR AS A CONSEQU					
equires n signe Then p	any injury, or	ATION	PART 2 OTHER SIGNIFI	CANT CONDITIONS		DEATH BUT NOT RELATED		AL DISEASE OR COND	20b. IF YES, WERE FI	NDINGS USED
n. nos been signe permit. Then p	ws ony injury.	TIFICATION	PART 2 OTHER SIGNIFI	CANT CONDITIONS						NDINGS USED
he low requires on. hos been signe t permit. Then p	ws ony injury.	CAL CERTIFICATION	PART 2 OTHER SIGNIFI	CANT CONDITIONS  N 19b CO  YING	NDITION FOR WHICH	OPERATION WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES [	NDINGS USED USES OF DEATH?
G PHYSICIAN: The low requires offending physicion.  er this certificate has been signe is the burial-transit permit. Then pound Mental Hygiene prior to bur and Mental Hygiene prior to bur	or Item 18 shows ony injury,	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFI  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUS	CANT CONDITIONS  N 196 CO  VING	NDITION FOR WHICH	OPERATION WAS PERFO	ORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES THE TITLE OF PART I OR	NDINGS USED USES OF DEATH? NO
TTENDING PHYSICIAN: The low requires pitol or ottending physicion.  TOR: After this certificate hos been signe for use as the buriol-transit permit. Then p of Health and Mental Hygiene prior to bur of Health and Mental Hygiene	them 18 shows ony injury.		PART 2. OTHER SIGNIFI  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE  21d. IN JURY OCCURRED  WHILE NOT WHILE	CANT CONDITIONS  N 19b CO  VING	E OF INJURY  A.M. MONTH D.  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE, I	OPERATION WAS PERFO AY YEAR 19 211 LOCATI SIREE  211 LOCATI	ORMED  NJURY OCCURRED  ON  1	200 AUTOPSY?  YES NO O  (ENTER NATURE OF INJUR	200. IF YES, WERE FINCERTIFYING CALL YES TO THE TENT OF PART O	NDINGS USED USES OF DEATH? NO 172)  Y STATE  That (I) (we) lo
DR ATTENDING PHYSICIAN. The low requires tospital or ottending physicion.  NRECTOR: After this certificate has been signe ched for use as the burial-transit permit. Then post of Health and Mental Hygiene prior to bur	If them 21 is morked or frem 18 shows ony injury,		PART 2 OTHER SIGNIFI  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTHEY MEDICALE WHILE NOTHEY MEDICALE AT WORK  270. I certify that (I) (Ith sow the deceased of above, (I) (we) (did)  270. SIGNATURE	CANT CONDITIONS  N 196 CO  YING	E OF INJURY  A.M. MONTH D.  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE, I	OPERATION WAS PERFO AY YEAR 19 211 LOCATI STREE  211 LOCATI  STREE	ORMED  NJURY OCCURRED  ON  , 19 8 8  ) (aur) opinion decented  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TOW  On the document of the docum	20b. IF YES, WERE FINCERTIFYING CALLYES TO PART I OR PAR	NDINGS USED USES OF DEATH? NO 12)  Y STATE
DR ATTENDING PHYSICIAN. The low requires tospital or ottending physicion.  NRECTOR: After this certificate has been signe ched for use as the burial-transit permit. Then post of Health and Mental Hygiene prior to bur	If them 21 is morked or frem 18 shows ony injury,		PART 2. OTHER SIGNIFI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EIMER, NOTIFY MEDICAL IS 21d. IN JURY OCCURRED AT WORK  27a. I certify that (I) (the sow the deceased of above, (I) (we) (did)  27b. SIGNATURE	YING   196 CO YING   216. TIM SE OF DEATH HOUR EXAMINER)   21e. PLA (AT HOM) Is hospital) attended Jive on   100 (did not) view the bit of the property of the	E OF INJURY  A.M. MONTH D.  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE, I  The deceased from  Just (O 19  any after death.	OPERATION WAS PERFO AY YEAR 19 211 LOCATI SIREE  212. ADDRES	ORMED  NJURY OCCURRED  ON  , 19 8 8  ) (aur) opinion decented  ATTENDING PHYSICIAN	YES NO NO NOTIFICATION NO NOTIFICATION NO NOTIFICATION NO NOTIFICATION	20b. IF YES, WERE FINCERTIFYING CALLYES TO PART I OR PAR	NDINGS USED USES OF DEATH? NO 12)  Y STATE  That (I) (we) late the causes stated NATE SIGNED
OR ATTENDING PHYSICIAN: The low requires he hospital or offending physician.  DIRECTOR: After this certificate has been signe oched for use as the burial-transit permit. Then poched for use as the burial-transit permit. Then poched for use as the barrial Hygiene prior to bur.	frem 21 is morked or frem 18 shows ony injury,	WEDICAL WEDICAL	PART 2 OTHER SIGNIFI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E  21d. IN JURY OCCURRED  WHILE AT WORK  22a. I certify that (I) (this saw the deceased a cabove, (I) (we) (did)  22b. SIGNIFURE  22d. PHYSICIAN'S NAME	YING   21b. TIM SE OF DEATH HOUR EXAMINER)  21c. PLA (AT HOM)  Is hospital) attended (Idid not) view the bit  W. Be (TYPE OR PRINT)  Bennett  MOVAL 23b. DATE	E OF INJURY  A.M. MONTH D.  P.M.  CE OF INJURY  . STREET, FACTORY, OFFICE, I.  I the deceased from  Joseph Golden, 19  M.D.  23c.	OPERATION WAS PERFO AY YEAR 19 211 LOCATI SIREE  212. ADDRES	ON 1 19 82 Output Outpu	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  CITY OR TOW  ADDITION  MEDICAL STAF  DIRECTOR PHYSIC  123d. LOCATION  (10 PROWN)	200. IF YES, WERE FINCERTIFYING CALLYES TO THE TEM IS PART I OR PART OF THE TEM IS THE T	NDINGS USED USES OF DEATH? NO 12)  Y STATE  The causes stated NATE SIGNED

in the Although	Name of the W				
	week, 12 Hosteste	all med		eliam "	
A Company of the Comp					
		Tobace		est could in	
Colden London Policy - trace		ydemi		beargas'	
a definition of the second		to brand 8	. 1	2 1	
rootstand, i.e. 22121 lead	moond saste J	1292-10-529			
THE MEDICAL STREET					
	Tall : Alle				
leight pickernia y	opolite Detaile				

/ /						ARYLAND	WOLENE A	9 1	9 9	0
6	1 - STATE REGISTRAR			DEPARTMENT OF DICAL EXAMII			EDEATH	Sin F		
	1. DECEASED NA	ME FIRST		WIODLE		LAST	26 DATE KNO	REG. NO.	OAY YEAR	2b HOUR
81	(TYPE OR PRINT)	Marye	7.7		Ta70	ndol	OF ES DEATH MA	TI: 75	7 ,001	
	3 SEX	14. RACE	5. DATE OF BIRTH	6. AGE (IN)	EARS IF UN	ndel. Ider i yr. Iif under		MONTH	7 1984 OAY YEAR	2d HOUR
	Fomal	White	MONTH DAY	1962 22	OAY) MONT		MIN. PRONOUNCED		704	4:46 p. m
10	Female	White	Aug. 26,	TALCOUNTRYS	YRS.		4 0 417114000	8-2	7 1984	1 P. W
17	FOREIGN COUNTR	r)		THE COUNTRY!		ED NEVER MARRI	IED 🗗			
4	New You		USA	PITAL, NURSING HOA	WIDOW		120 USUAL OCCUPATION	ert Count	TE KIND OF BE	MD.
		/ CONTRACTOR	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADORESS	)		FOR MOST OF WORKING	LIFE)	tor Mary ollege	rs .
$\preceq$	Lusby	E (IE IN NIDESING HOME	MD. Rt.	2 south of NE RESIDENCE BEFORE AOMIS	Coste	r Road	Student		orrege	
1	13a STATE	N3F COU	NTY	13c. CITY OR TOWN	21014)		13e STREET ADDRESS	7	0709	
4	Md.		nt.	S.S.		YES K NO		ilton Dr	ive /	
	14 FATHER'S NA		WIDOLE	LAST		15. MOTHER'S MAIDE			LAST	
4	Alaı	1 SED EVER IN U.S. AI	DUED CORCEC	Wendel	TV NO	Lorrain		Clo	kus	
3	YES, NO, OR UNK		E WAR OR DATES)							
60	None				9890	Alan We	ndel (Fathe	er)Same		
	18 CAUSE PART I	OF DEATH (Enter of DEATH WAS CAUS)	nly one couse per line						SETWEEN ONSE	T AND DE ATH
A.	01		ATE CAUSE (o)	Multiple I		es				
BATTIMORE, MARYAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	> 31	ions, if any, which		AS A CONSEQUENCE	OF					
	gove	rise to immediat	e / (b)							
		(a) stating the <u>under</u> ouse last.	DUE TO, OR	AS A CONSEQUENCE	OF					
		vii 1 P	(c)							
		SIGNIFICANT CONDITION	S CONTRIBUTING TO GEATH	RUT NOT RELATED TO THE TEI	RMINAL OISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).			
_	19a. DATE O	OF OPERATION	Transcovini	TION FOR WHICH OPE	DATIONIA	245 02010214502		***************************************	I and a second	
	S INC. DATE.	DF OFERATION	198 CONDI	HON FOR WHICH OF	RATION W	AS PERFORMED?			20 AUTOPSY	
-	21a EYTER	NAL CAUSE WAS	21b. TIME OF	E INTILIDA	[21, N/	OW INTURY OCCUPAT	D (ENTER NATURE OF INJURY II		YES 💢	NO []
1		NG X OR	HOUR XX	MONTH DAY YE	AR				2)	
		TING CAUSE OF	DEATH 4:46P.M		4 dr	iver in au	to/van impac	ct		
		NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	5	TREET	CITY OR TOWN	COUN		STATE
2	AT WORK	AT WORK	r	coad	Ma		th of Coster	Rd.,Lus		
	220. I ce	rtify that I took char	ge of the remains d	eribed obove, held on	Autop	sy X Inspection	n . Inquiry .	, ond in my opin	nion CO.	, Md.
10	deoth res	lited from Not	ural couses	Acident XX	iuicide	, Homicide .	Undetermined manner			
1	ACTUAL	allen	with XX	Lu Vh	non	TITLE (SPECIFY)		DATE		
7	SIGNATUR	y - cur	my X	my 11	VIVUM	D. Assistan	L_MEDICAL EXAMINE	DATE SIGNED	8-28-	84
2	EXAMINER	S NAME				111 -			01001	
1	(TYPE OR P		nis F. Smy				enn St., Ba	lto., Md.	21201	
	Burial Burial	ATION, REMOVAL		23c. NAME OF C			23d. LOCATION CITY OR TOWN	COUNT		ATE
			8/31/84	Gate	or He	aven	S.S.	Mont		
)	Himes	Rinaldi	11800 ESS	New Hamp	.Ave.	S.S.MONIG	2 9 1984	ilia Dandon	- Haridal	
							0			

the state of the s



	Market Branch Commence of the State of the S
	(ORI is yall offers of as
	A.S almsylvania
de respect report at Sentante	It alrest retended disvisor and labores as a first
Jox 209 D Ostation Dr. 20657	and stavistic for twee
1951S 50000	nesti telladol A modulo
hi something to make a c	efficial mod. 01/8-00-01 TO. TO.
	AND DESCRIPTION OF THE PARTY OF
	-0x4-1-8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
500	